



Network Notification

Notice Date: September 13, 2019
To: Indiana Medicaid Providers
From: CareSource
Subject: Updates to disposable insulin delivery device billing instructions
Effective Date: October 15, 2019

Effective **10/15/2019**, CareSource will revise the pharmacy claim and prior authorization (PA) submission process for disposable insulin delivery pods and devices to align with Indiana Health Coverage Program (IHCP) billing guidance.

As described in IHCP bulletin [BT201918](#), effective for dates of service (DOS) on or after 10/15/2019, CareSource will no longer allow the billing of procedure code A9274 – *External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories* on a CMS-1500 medical claim form for the following:

- Omnipod and Omnipod Dash disposable insulin delivery pods (Prior Authorization is Required)
- V-Go disposable insulin delivery devices

These items must be billed through the Care Source Pharmacy Benefit

Plan	CVS Carrier	Phone #	BIN	PCN	Group
Indiana Medicaid	6421		004336	MCAIDADV	RX6421